FORM 2* PAGE 1A Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons										
List (A.) all persons and/or entities with any own members/managers, (C.) all persons with man operations or licensed facility whether they have financial interest whether they have ownership partnership, LLC, etc.) has interest, list all persons the entity, and their effective ownership in the lattach a separate sheet if necessary.	aging or over some of the comment of	opera ship i or no ociate	ational c interest ot (collected with s	control with rest or not, and (D tively, "Key Pe uch entity, the	spect to .) all otl ersons" eir owne	the cuner per). If an ership of	Itivator lic sons with entity (cor or other in	any rporation, terest in		
A. LIST ALL PERSONS WITH ANY OWNERS stockholders; LLC members; and partners LIST ALL PERSONS WITH ANY OWNERSH	if a partr	nersh	nip); IF	ANY SUCH P	ERSON	_				
Name OP PHARM LLC	Title SSN/FEIN DOB App submitted? □XYes □No									
Address (residence if an individual)	City Cranst	City State ZIP 02920 (Phone Number ()			
Business Associated with (Applicant, parent business or sub-entity) Applicant Cwn. % Business Associated with Effective Own. % in Applicant										
Name CLOUD-9 INVESTMENTS LLC	Title Membe	r	SS	SSN/FEIN			App submit	ited? □No		
Address (residence if an individual)	City State ZIP Phone Number 02908									
Business Associated with (Applicant, parent business or sub- Applicant	-entity)	Own	. % Busin	ess Associated w	ith	Effective	ve Own. % ir	n Applicant		
Name RICHARD Angelo FALCONE	Title Member		SS	N/FEIN	DOB		App submit	ted? □No		
Address (residence if an individual)	City Hope		State RI	ZIP 02831	Phone Number			-2		
Business Associated with (Applicant, parent business or sub- Applicant	entity)	Own	. % Busine	ess Associated w	ith	Effectiv	e Own. % ir	Applicant		
Name DAVID NOTARIANNI	Title Member-	Title Member-Manag		N/FEIN	DOB		App submitted? X☐Yes ☐No			
Address (residence if an individual)	City Cransto	on	State	(And (And (And (And (And (And (And (And		Number	53			
Business Associated with (Applicant, parent business or sub-entity) Own. % Business Associated with Effective Own. % in Applicant										
Name JUSTIN Raymond ST.ANDRE	Title SSN/FEIN DOB App submit						ed? □No			
Address (residence if an individual)	City State ZIP Phone Number 02920									
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Busine	ess Associated wil	lh	Effective	e Own. % in	Applicant		

FORM 2* PAGE 1B (*Continuation PAGE) Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons								***************************************	
List (A.) all persons and/or entities with any own members/managers, (C.) all persons with man operations or licensed facility whether they have financial interest whether they have ownership partnership, LLC, etc.) has interest, list all persons the entity, and their effective ownership in the lattach a separate sheet if necessary.	aging or over owners interest of some associations associated asso	opera ship i or not ciate	ational nteres t (colle d with	control with rest t or not, and (D. ctively, "Key Pe such entity, the	pect to) all ot ersons" ir own	the cu her per). If an ership o	Itivator lice sons with a entity (corp or other into	any poration, erest in	
A. LIST ALL PERSONS WITH ANY OWNERS stockholders; LLC members; and partners LIST ALL PERSONS WITH ANY OWNERSH	if a partr	nersh	ip); IF	ANY SUCH P	ERSO				
Name BT CAULK LLC	Title Member		S	SN/FEIN	DOB		App submitt	ed? □No	
Address (residence if an individual)	City Pompano	State ZIP Phon					ne Number		
Business Associated with (Applicant, parent business or sub-entity) Applicant Own. % Business Associated with Effective Own. % in Applicant									
Name PETER Albert GERMANI	Title Member			SN/FEIN	DOB		App submitte	ed? □No	
Address (residence if an individual)	City Cransto	City State ZIP Phor					r		
Business Associated with (Applicant, parent business or sub-entity) Applicant Own. % Business Associated with Effective Own. % in Applicant									
Name THOMAS NOTARIANNI	Title Member				DOB		App submitte 凶Yes	ed? □No	
Address (residence if an individual)	City	State ZIP Pho				Number			
Business Associated with (Applicant, parent business or sub- Applicant	entity)	Own.	% Busi	ness Associated wi	th	Effectiv	e Own. % in	Applicant	
Name GEORGE Allen PESCE	Title Member			SSN/FEIN			App submitted? ∐Yes □No		
Address (residence if an individual)	City Warwick	City State ZIP PI Warwick RI 02889 (4				hone Number			
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC Own. % Business Associated with Effective Own. % in Applicant									
Name LORI Moschetti PESCE	Title Member		SS	SN/FEIN	DOB		App submitte	d? ∃No	
address (residence if an individual)	City Warwick	:	State	ZIP 02889	Phone	Number			
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Busir	ness Associated wit	h	Effective	Own. % in A	pplicant	

FORM 2* PAGE 1C (*Continuation PAGE)

Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons										
List (A.) all persons and/or entities with any ow members/managers, (C.) all persons with man operations or licensed facility whether they have financial interest whether they have ownership partnership, LLC, etc.) has interest, list all pers the entity, and their effective ownership in the I Attach a separate sheet if necessary.	aging or	opera ship i or no ciate	ationa interest t (col ed wit	al co est or llective th sur	ntrol with res not, and (D. vely, "Key Pe ch entity, the	pect to all other rsons" r owne	the cu her per). If an ership o	Itivator lic sons with entity (co or other in	n any orporation, nterest in	
A. LIST ALL PERSONS WITH ANY OWNERSI stockholders; LLC members; and partners LIST ALL PERSONS WITH ANY OWNERSHI	if a partr	ersh	nip);	IF A	NY SUCH PE	RSO				
Name ROBERT John COSENTINO										
Address (residence if an individual)	City	City State ZIP 02921				Phone Number				
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC Own. % Business Associated with										
Name RENEE Marie Cosentino	Title Member			SSN/FEIN		DOB		App subm ⊠Yes	itted? □No	
Address (residence if an individual)	City State ZIP Cranston RI 029			ZIP 02921	Phone Number					
Business Associated with (Applicant, parent business or sub- Cloud 9 Investments LLC	entity)	Own	. % Bı	usines	s Associated wi	th	Effective	ve Own. %	in Applicant	
Name TIMOTHY Mark SMITH	Title Member-	Title Member-Manager			SSN/FEIN		DOB		itted? □No	
Address (residence if an individual)	City State				ZIP Ph		Number			
Business Associated with (Applicant, parent business or sub- Cloud 9 Investments LLC	entity)	Own	. % Bu	sines	s Associated wit	h	Effective	e Own. % i	in Applicant	
Name BRUCE Thaddeus CAULK	Title Member			SSN/FEIN		DOB		App submitted? ⊠Yes □No		
Address (residence if an individual)	City State Palm Coast FL					Phone Number				
Business Associated with (Applicant, parent business or sub-entity) Own. % Business Associated with Effective Own. % in Applicant										
Name	Title	Title			SSN/FEIN		DOB		tted? □No	
Address (residence if an individual)	City State ZIP Phone Number									
Business Associated with (Applicant, parent business or sub-entity) Own. % Business Associated with Effective Own. % in Applicant										

Name	Title	Title		SSN/FEIN	DOB	App submitted? □Yes □No	D C	
Address (residence if an individual)	City	City		ZIP		Number		
Business Associated with (Applicant, parent business or su	b-entity)	Own.	Own. % Business Associ		with	Effective Own. % in Applicant		
Name	Title		SSN/FEIN		DOB	App submitted? ☐Yes ☐No)	
Address (residence if an individual)	City State		State	ZIP	Phone (Number		
Business Associated with (Applicant, parent business or su	b-entity) Own. % E		% Ві	siness Associated	with	Effective Own. % in Appl	ve Own, % in Applicant	
B. LIST ALL DIRECTORS, OFFICERS, AND I DESCRIBED IN SECTION A	WANAGE	RS OF	ТН	E APPLICANT	AND AN	Y OTHER ENTITIES	3	
Name David Notarianni	Title Manage	Title Manager		SSN/FEIN	DOB	App submitted? △Yes □No	77	
Address (residence if an individual) SAME AS ABOVE	City	City Sta		ZIP	Phone ()	Number	per	
Business Associated with (Applicant, parent business or sul SAME AS ABOVE	b-entity)	Title (c	office	r, director, manage	r, etc.)			
Name Robert John Cosentino	Title Manager			SSN/FEIN	DOB	App submitted?		
Address (residence if an individual) SAME AS ABOVE	City	City State		ZIP	Phone ()	Number		
Business Associated with (Applicant, parent business or sub SAME AS ABOVE	o-entity)	Title (o	office	r, director, manage	r, etc.)			
Name Justin Raymond St.Andre	Title Manager	Title Manager		SSN/FEIN	DOB	App submitted? ☐Yes ☐No		
Address (residence if an individual) SAME AS ABOVE	City	City State		ZIP	Phone ()	Phone Number		
Business Associated with (Applicant, parent business or sub SAME AS ABOVE	entity)	Title (o	ffice	, director, manage	r, etc.)			
Name Timothy Mark Smith	Title	itle Manager		SSN/FEIN	DOB	App submitted?		
Address (residence if an individual) SAME AS ABOVE	City	City State		ZIP	Phone (Number		
Business Associated with (Applicant, parent business or sub SAME AS ABOVE	entity)	Title (o	fficer	, director, manager	, etc.)			
Name	Title			SSN/FEIN	DOB	App submitted? ☐Yes ☐No		
Address (residence if an individual)	City	City Sta		ZIP	Phone f	Number		
Business Associated with (Applicant, parent business or sub	-entity)	Title (of	fficer	, director, manager	, etc.)			
Name	Title	itle		SSN/FEIN	DOB	App submitted? ☐Yes ☐No		

Business Associated with (Applicant, parent business or su	ub-entity)	Interest							
Name	Title		SSN/FEIN		DOB	App submitted? □Yes □No			
Address (residence if an individual)	City State		e	ZIP	Phone Number				
Business Associated with (Applicant, parent business or su	ib-entity)	Interest							
Name	Title		SSN/FEIN		DOB	App submitted? □Yes □No			
Address (residence if an individual)	City	State ZIP			Phone Num	Phone Number			
Business Associated with (Applicant, parent business or su	b-entity)	Interest							
Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.									
Name	Date of	Birth	S	SN/FEIN		Interest			

Authorized Signatory

Click here to enter a date.

Date 8/9//8

Printed Name / Losentia